

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Reform Washington

ADDRESS (number and street) ▼

8724 Sunset Drive, #171

☐ Check if different than previously reported. (ACC)

Miami

FL

33173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00575456

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☒January 31  
Year-End Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

01

31

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Reform Washington

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	741845.63	
(c) Total Receipts (from Line 19) .....	179000.00	923642.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	920845.63	923642.10
7. Total Disbursements (from Line 31) .....	120720.39	123516.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	800125.24	800125.24
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	25000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Reform Washington

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

174000.00

908547.49

(ii) Unitemized .....

0.00

94.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

174000.00

908642.10

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

179000.00

923642.10

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

179000.00

923642.10

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

179000.00

923642.10

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	120720.39	123516.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	120720.39	123516.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	120720.39	123516.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120720.39	123516.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	179000.00	923642.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	179000.00	923642.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	120720.39	123516.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	120720.39	123516.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Reform Washington**

Full Name (Last, First, Middle Initial)

**A. 120 Ocean Drive, LLC**

Mailing Address P. O. Box 330609

City  
Miami

State  
FL

Zip Code  
33233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

11 / 01 / 2015

**Transaction ID : SA11AI.4409**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. 641 Sevilla, LLC**

Mailing Address 1426 Mercado Avenue

City

Coral Gables

State

FL

Zip Code

33146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2015

**Transaction ID : SA11AI.4388**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. A. Duda & Sons, Inc.**

Mailing Address P.O. Box 620257

City

Oviedo

State

FL

Zip Code

32762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 14 / 2015

**Transaction ID : SA11AI.4424**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Reform Washington**

Full Name (Last, First, Middle Initial)

**A. Amada Lopez-Cantera, P.A.**

Mailing Address 2300 Coral Way, #201

City State Zip Code  
 Miami FL 33145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11AI.4418**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Bio-Tech Consulting, Inc.**

Mailing Address 2002 E. Robinson Street

City State Zip Code  
 Orlando FL 32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Norman Braman**

Mailing Address 2060 Biscayne Blvd., 2nd Floor

City State Zip Code  
 Miami FL 33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Braman Motors, Inc.

auto dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015

**Transaction ID : SA11AI.4421**

Amount of Each Receipt this Period

100000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

103500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

**A. CC1 Companies, LLC**

Mailing Address 220 Alhambra Circle, #304

City	State	Zip Code
Coral Gables	FL	33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Hernan Chang**

Mailing Address P.O. Box 17577

City	State	Zip Code
Jacksonville	FL	32245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Jacksonville Multispecialty

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Charter Schools USA, Inc.**

Mailing Address 800 Corporate Drive, #124

City	State	Zip Code
Fort Lauderdale	FL	33334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Reform Washington**

Full Name (Last, First, Middle Initial)

**A. Gerret Copeland Jr.**

Mailing Address 242 S. Washington Blvd., PMB 361

City State Zip Code  
 Sarasota FL 34236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11112.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11AI.4416**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Costa Farms, LLC**

Mailing Address 21800 S.W. 162 Avenue

City State Zip Code  
 Miami FL 33170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.4422**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Pan American Coral Terrace, Ltd.**

Mailing Address 150 Alhambra Circle, #925

City State Zip Code  
 Coral Gables FL 33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Reform Washington**

Full Name (Last, First, Middle Initial)

## **A. Rain Investments, LLC**

Mailing Address 2002 E. Robinson Street

City State Zip Code  
Orlando FL 32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : SA11AI.4392**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Ronald Book, P.A.**

Mailing Address 18851 N.E. 29th Avenue, #1010

City State Zip Code  
Aventura FL 33180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : SA11AI.4390**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. TEM, LLC**

Mailing Address 6321 Daniels Parkway, #200

City State Zip Code  
Fort Myers FL 33912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SA11AI.4420**

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

21000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 11 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Reform Washington**

Full Name (Last, First, Middle Initial)

## **A. Terra Beachwalk, LLC**

Mailing Address P.O. Box 330609

City State Zip Code  
Miami FL 33233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2015

**Transaction ID : SA11AI.4410**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Title Company of America**

Mailing Address 2020 Ponce de Leon Blvd., #1103

City State Zip Code  
Coral Gables FL 33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : SA11AI.4442**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Weiss, Serota, Helfman, Cole & Bierman, P.L.**

Mailing Address 2525 Ponce de Leon Blvd., #700

City State Zip Code  
Coral Gables FL 33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SA11AI.4396**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9500.00

174000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 24

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Reform Washington**

Full Name (Last, First, Middle Initial)

## **A. Imagine Miami PAC**

Mailing Address 145 S.E. 25th Road, #1102

City State Zip Code  
 Miami FL 33129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2015

**Transaction ID : SA11C.4440**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Miami's Future, Inc.**

Mailing Address 2600 S. Douglas Road, #900

City State Zip Code  
 Miami FL 33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2015

**Transaction ID : SA11C.4438**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# Reform Washington

### A. Jeffrey Berkowitz

Mailing Address 1329 K Street, S.E.

City	State	Zip Code
Washington	DC	20003

## Purpose of Disbursement research

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.4245

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

### B. Jeffrey Berkowitz

Mailing Address 1329 K Street, S.E.

City	State	Zip Code
Washington	DC	20003

### Purpose of Disbursement research

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4453

Amount of Each Disbursement this Period

11000.00

Full Name (Last, First, Middle Initial)

**C. Clark Hill, P.L.C.**

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement	legal services
-------------------------	----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.4406

Amount of Each Disbursement this Period

15465.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

30965.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

**A. Clark Hill, P.L.C.**

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington      State DC      Zip Code 20004

Purpose of Disbursement  
legal services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SB21B.4413

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

**B. Clark Hill, P.L.C.**

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City Washington      State DC      Zip Code 20004

Purpose of Disbursement  
legal services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2015

Transaction ID : SB21B.4430

Amount of Each Disbursement this Period

3280.00

Full Name (Last, First, Middle Initial)

**C. eDonations**

Mailing Address 117 N. Saint Asaph Street

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

6185.44

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10765.44

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

**A. eDonations**

Mailing Address 117 N. Saint Asaph Street

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      05      2015

Transaction ID : SB21B.4342

Amount of Each Disbursement this Period

1360.67

Full Name (Last, First, Middle Initial)

**B. eDonations**

Mailing Address 117 N. Saint Asaph Street

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09      02      2015

Transaction ID : SB21B.4385

Amount of Each Disbursement this Period

154.59

Full Name (Last, First, Middle Initial)

**C. eDonations**

Mailing Address 117 N. Saint Asaph Street

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      18      2015

Transaction ID : SB21B.4429

Amount of Each Disbursement this Period

248.09

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1763.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

**A. Forward Strategies, Inc.**

Mailing Address 7222 Anhinga Farms Road

City Tallahassee      State FL      Zip Code 32309

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2015
**Transaction ID : SB21B.4330**

Amount of Each Disbursement this Period

31353.75

Full Name (Last, First, Middle Initial)

**B. Forward Strategies, Inc.**

Mailing Address 7222 Anhinga Farms Road

City Tallahassee      State FL      Zip Code 32309

Purpose of Disbursement  
delivery

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2015
**Transaction ID : SB21B.4337**

Amount of Each Disbursement this Period

261.13

Full Name (Last, First, Middle Initial)

**C. Forward Strategies, Inc.**

Mailing Address 7222 Anhinga Farms Road

City Tallahassee      State FL      Zip Code 32309

Purpose of Disbursement  
delivery

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2015
**Transaction ID : SB21B.4450**

Amount of Each Disbursement this Period

31.77

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31646.65



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# Reform Washington

Category/  
Type

76.46

State:  District:

07 / 21 / 2015

Category/  
Type

119.83

State:  District:

Category/  
Type

5000.00

State:  District:

5196.29

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# Reform Washington

Category/  
Type

5000.00

State:  District:

Category/  
Type

5000.00

State:  District:

Category/  
Type

5000.00

State:  District:

15000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# Reform Washington

5000.00

3461.38

1698.00

8461.38

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

**A. Courtyard by Marriott**

Mailing Address 2649 S. Bayshore Drive

City Miami                      State FL                      Zip Code 33133

Purpose of Disbursement  
lodging

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06                      10                      2015

Transaction ID : SB21B.4347.2

Amount of Each Disbursement this Period

314.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Courtyard by Marriott**

Mailing Address 2649 S. Bayshore Drive

City Miami                      State FL                      Zip Code 33133

Purpose of Disbursement  
lodging

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06                      24                      2015

Transaction ID : SB21B.4347.4

Amount of Each Disbursement this Period

314.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Courtyard by Marriott**

Mailing Address 2649 S. Bayshore Drive

City Miami                      State FL                      Zip Code 33133

Purpose of Disbursement  
lodging

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06                      27                      2015

Transaction ID : SB21B.4347.8

Amount of Each Disbursement this Period

105.09

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# Reform Washington

Category/  
Type

07 / 10 / 2015

2500.00

Category/  
Type

3259.32

Category/  
Type

8259.32

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Reform Washington

Full Name (Last, First, Middle Initial)

**A. Robert Watkins & Company, P.A.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	2		0	3		2	0	1	5		

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

**Transaction ID : SB21B.4415**Purpose of Disbursement  
accounting services

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

591.46

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Robert Watkins & Company, P.A.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	2		2	3		2	0	1	5		

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

**Transaction ID : SB21B.4432**Purpose of Disbursement  
accounting services

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

534.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

1125.96

**TOTAL** This Period (last page this line number only).....▶

120683.39

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 OF 24

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Reform Washington

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ZBD, Inc.

Nature of Debt (Purpose):  
fundraisingMailing Address 131 Madeira Avenue  
2nd FloorCity State Zip Code  
Coral Gables FL 33134

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4445

Amount Incurred This Period

25000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

25000.00

2) **TOTALS** This Period (last page this line number only)..... ►

25000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

25000.00